

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$0	\$0	\$0	0%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$6,306,510	\$5,879,926	(\$426,584)	-7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,140,534	\$1,162,381	\$21,847	2%
8	Prepaid Expenses	\$1,517,860	\$598,277	(\$919,583)	-61%
9	Other Current Assets	\$1,707,366	\$1,640,784	(\$66,582)	-4%
	Total Current Assets	\$10,672,270	\$9,281,368	(\$1,390,902)	-13%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$8,911,918	\$13,068,006	\$4,156,088	47%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$56,490,008	\$57,854,109	\$1,364,101	2%
2	Less: Accumulated Depreciation	\$16,284,093	\$19,433,867	\$3,149,774	19%
	Property, Plant and Equipment, Net	\$40,205,915	\$38,420,242	(\$1,785,673)	-4%
3	Construction in Progress	\$235,793	\$242,040	\$6,247	3%
	Total Net Fixed Assets	\$40,441,708	\$38,662,282	(\$1,779,426)	-4%
	Total Assets	\$60,025,896	\$61,011,656	\$985,760	2%

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		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$1,950,304	\$1,338,667	(\$611,637)	-31%
2	Salaries, Wages and Payroll Taxes	\$3,690,101	\$3,591,616	(\$98,485)	-3%
3	Due To Third Party Payers	\$435,106	\$322,546	(\$112,560)	-26%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$956,509	\$897,476	(\$59,033)	-6%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$7,032,020	\$6,150,305	(\$881,715)	-13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$34,037,500	\$33,687,500	(\$350,000)	-1%
	Total Long Term Debt	\$34,037,500	\$33,687,500	(\$350,000)	-1%
3	Accrued Pension Liability	\$1,407,000	\$1,502,000	\$95,000	7%
4	Other Long Term Liabilities	\$2,095,785	\$1,404,029	(\$691,756)	-33%
	Total Long Term Liabilities	\$37,540,285	\$36,593,529	(\$946,756)	-3%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$15,453,591	\$18,267,822	\$2,814,231	18%
2	Temporarily Restricted Net Assets	\$0	\$0	\$0	0%
3	Permanently Restricted Net Assets	\$0	\$0	\$0	0%
	Total Net Assets	\$15,453,591	\$18,267,822	\$2,814,231	18%
	Total Liabilities and Net Assets	\$60,025,896	\$61,011,656	\$985,760	2%

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$114,452,317	\$121,087,948	\$6,635,631	6%
2	Less: Allowances	\$62,168,698	\$69,825,130	\$7,656,432	12%
3	Less: Charity Care	\$430,330	\$767,288	\$336,958	78%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$51,853,289	\$50,495,530	(\$1,357,759)	-3%
5	Other Operating Revenue	\$543,474	\$530,398	(\$13,076)	-2%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$52,396,763	\$51,025,928	(\$1,370,835)	-3%
B. Operating Expenses:					
1	Salaries and Wages	\$15,544,600	\$15,452,672	(\$91,928)	-1%
2	Fringe Benefits	\$3,358,585	\$3,962,102	\$603,517	18%
3	Physicians Fees	\$1,137,397	\$1,215,173	\$77,776	7%
4	Supplies and Drugs	\$6,036,261	\$5,689,724	(\$346,537)	-6%
5	Depreciation and Amortization	\$3,422,746	\$3,147,818	(\$274,928)	-8%
6	Bad Debts	\$2,953,540	\$1,748,130	(\$1,205,410)	-41%
7	Interest	\$2,032,328	\$1,629,083	(\$403,245)	-20%
8	Malpractice	\$687,844	\$1,150,400	\$462,556	67%
9	Other Operating Expenses	\$14,510,060	\$14,113,496	(\$396,564)	-3%
	Total Operating Expenses	\$49,683,361	\$48,108,598	(\$1,574,763)	-3%
	Income/(Loss) From Operations	\$2,713,402	\$2,917,330	\$203,928	8%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$2,713,402	\$2,917,330	\$203,928	8%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$2,713,402	\$2,917,330	\$203,928	8%
	Principal Payments	\$350,000	\$350,000	\$0	0%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$29,942,831	\$30,742,183	\$799,352	3%
2	MEDICARE MANAGED CARE	\$554,199	\$786,950	\$232,751	42%
3	MEDICAID	\$476,638	\$427,475	(\$49,163)	-10%
4	MEDICAID MANAGED CARE	\$822,083	\$1,587,719	\$765,636	93%
5	CHAMPUS/TRICARE	\$93,627	\$56,762	(\$36,865)	-39%
6	COMMERCIAL INSURANCE	\$949,335	\$456,495	(\$492,840)	-52%
7	NON-GOVERNMENT MANAGED CARE	\$11,508,298	\$10,411,775	(\$1,096,523)	-10%
8	WORKER'S COMPENSATION	\$1,442,633	\$1,985,034	\$542,401	38%
9	SELF- PAY/UNINSURED	\$850,966	\$1,035,642	\$184,676	22%
10	SAGA	\$149,482	\$289,415	\$139,933	94%
11	OTHER	\$1,709,870	\$2,224,392	\$514,522	30%
	TOTAL INPATIENT GROSS REVENUE	\$48,499,962	\$50,003,842	\$1,503,880	3%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$24,223,574	\$27,071,098	\$2,847,524	12%
2	MEDICARE MANAGED CARE	\$641,501	\$957,865	\$316,364	49%
3	MEDICAID	\$383,767	\$741,136	\$357,369	93%
4	MEDICAID MANAGED CARE	\$1,578,060	\$2,079,700	\$501,640	32%
5	CHAMPUS/TRICARE	\$64,791	\$58,414	(\$6,377)	-10%
6	COMMERCIAL INSURANCE	\$2,562,294	\$2,493,092	(\$69,202)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$30,074,557	\$30,894,268	\$819,711	3%
8	WORKER'S COMPENSATION	\$1,716,346	\$1,638,659	(\$77,687)	-5%
9	SELF- PAY/UNINSURED	\$1,991,028	\$2,361,759	\$370,731	19%
10	SAGA	\$530,372	\$424,675	(\$105,697)	-20%
11	OTHER	\$2,186,065	\$2,363,439	\$177,374	8%
	TOTAL OUTPATIENT GROSS REVENUE	\$65,952,355	\$71,084,105	\$5,131,750	8%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$54,166,405	\$57,813,281	\$3,646,876	7%
2	MEDICARE MANAGED CARE	\$1,195,700	\$1,744,815	\$549,115	46%
3	MEDICAID	\$860,405	\$1,168,611	\$308,206	36%
4	MEDICAID MANAGED CARE	\$2,400,143	\$3,667,419	\$1,267,276	53%
5	CHAMPUS/TRICARE	\$158,418	\$115,176	(\$43,242)	-27%
6	COMMERCIAL INSURANCE	\$3,511,629	\$2,949,587	(\$562,042)	-16%
7	NON-GOVERNMENT MANAGED CARE	\$41,582,855	\$41,306,043	(\$276,812)	-1%
8	WORKER'S COMPENSATION	\$3,158,979	\$3,623,693	\$464,714	15%
9	SELF- PAY/UNINSURED	\$2,841,994	\$3,397,401	\$555,407	20%
10	SAGA	\$679,854	\$714,090	\$34,236	5%
11	OTHER	\$3,895,935	\$4,587,831	\$691,896	18%
	TOTAL GROSS REVENUE	\$114,452,317	\$121,087,947	\$6,635,630	6%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$14,678,400	\$14,169,445	(\$508,955)	-3%
2	MEDICARE MANAGED CARE	\$254,349	\$364,213	\$109,864	43%
3	MEDICAID	\$29,978	\$142,277	\$112,299	375%
4	MEDICAID MANAGED CARE	\$332,914	\$608,448	\$275,534	83%
5	CHAMPUS/TRICARE	\$93,215	\$47,179	(\$46,036)	-49%
6	COMMERCIAL INSURANCE	\$150,057	\$281,266	\$131,209	87%
7	NON-GOVERNMENT MANAGED CARE	\$6,246,307	\$5,111,270	(\$1,135,037)	-18%
8	WORKER'S COMPENSATION	\$444,090	\$554,699	\$110,609	25%
9	SELF- PAY/UNINSURED	\$83,830	\$92,627	\$8,797	10%
10	SAGA	\$69,998	\$43,081	(\$26,917)	-38%
11	OTHER	\$485,849	\$770,937	\$285,088	59%

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FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$22,868,987	\$22,185,442	(\$683,545)	-3%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$6,226,483	\$6,414,324	\$187,841	3%
2	MEDICARE MANAGED CARE	\$184,754	\$216,890	\$32,136	17%
3	MEDICAID	\$47,361	\$181,138	\$133,777	282%
4	MEDICAID MANAGED CARE	\$411,273	\$548,710	\$137,437	33%
5	CHAMPUS/TRICARE	\$28,826	\$24,014	(\$4,812)	-17%
6	COMMERCIAL INSURANCE	\$1,360,837	\$1,538,000	\$177,163	13%
7	NON-GOVERNMENT MANAGED CARE	\$15,717,953	\$15,785,290	\$67,337	0%
8	WORKER'S COMPENSATION	\$665,187	\$528,743	(\$136,444)	-21%
9	SELF- PAY/UNINSURED	\$606,321	\$623,982	\$17,661	3%
10	SAGA	\$113,894	\$68,334	(\$45,560)	-40%
11	OTHER	\$474,152	\$380,882	(\$93,270)	-20%
	TOTAL OUTPATIENT NET REVENUE	\$25,837,041	\$26,310,307	\$473,266	2%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$20,904,883	\$20,583,769	(\$321,114)	-2%
2	MEDICARE MANAGED CARE	\$439,103	\$581,103	\$142,000	32%
3	MEDICAID	\$77,339	\$323,415	\$246,076	318%
4	MEDICAID MANAGED CARE	\$744,187	\$1,157,158	\$412,971	55%
5	CHAMPUS/TRICARE	\$122,041	\$71,193	(\$50,848)	-42%
6	COMMERCIAL INSURANCE	\$1,510,894	\$1,819,266	\$308,372	20%
7	NON-GOVERNMENT MANAGED CARE	\$21,964,260	\$20,896,560	(\$1,067,700)	-5%
8	WORKER'S COMPENSATION	\$1,109,277	\$1,083,442	(\$25,835)	-2%
9	SELF- PAY/UNINSURED	\$690,151	\$716,609	\$26,458	4%
10	SAGA	\$183,892	\$111,415	(\$72,477)	-39%
11	OTHER	\$960,001	\$1,151,819	\$191,818	20%
	TOTAL NET REVENUE	\$48,706,028	\$48,495,749	(\$210,279)	0%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,456	1,440	(16)	-1%
2	MEDICARE MANAGED CARE	28	39	11	39%
3	MEDICAID	41	36	(5)	-12%
4	MEDICAID MANAGED CARE	101	181	80	79%
5	CHAMPUS/TRICARE	2	7	5	250%
6	COMMERCIAL INSURANCE	54	21	(33)	-61%
7	NON-GOVERNMENT MANAGED CARE	724	689	(35)	-5%
8	WORKER'S COMPENSATION	27	33	6	22%
9	SELF- PAY/UNINSURED	72	65	(7)	-10%
10	SAGA	14	16	2	14%
11	OTHER	139	154	15	11%
	TOTAL DISCHARGES	2,658	2,681	23	1%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	7,860	7,988	128	2%
2	MEDICARE MANAGED CARE	141	157	16	11%
3	MEDICAID	118	131	13	11%
4	MEDICAID MANAGED CARE	242	458	216	89%
5	CHAMPUS/TRICARE	9	16	7	78%
6	COMMERCIAL INSURANCE	209	55	(154)	-74%
7	NON-GOVERNMENT MANAGED CARE	2,122	1,932	(190)	-9%
8	WORKER'S COMPENSATION	76	112	36	47%
9	SELF- PAY/UNINSURED	205	178	(27)	-13%
10	SAGA	48	55	7	15%
11	OTHER	436	540	104	24%
	TOTAL PATIENT DAYS	11,466	11,622	156	1%
C.	OUTPATIENT VISITS				

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FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	29,014	28,281	(733)	-3%
2	MEDICARE MANAGED CARE	885	1,050	165	19%
3	MEDICAID	516	579	63	12%
4	MEDICAID MANAGED CARE	1,758	2,419	661	38%
5	CHAMPUS/TRICARE	89	88	(1)	-1%
6	COMMERCIAL INSURANCE	2,372	4,774	2,402	101%
7	NON-GOVERNMENT MANAGED CARE	28,422	27,383	(1,039)	-4%
8	WORKER'S COMPENSATION	1,192	1,130	(62)	-5%
9	SELF- PAY/UNINSURED	3,658	3,801	143	4%
10	SAGA	141	406	265	188%
11	OTHER	859	2,493	1,634	190%
	TOTAL OUTPATIENT VISITS	68,906	72,404	3,498	5%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$3,174,738	\$3,415,061	\$240,323	8%
2	MEDICARE MANAGED CARE	\$85,253	\$149,696	\$64,443	76%
3	MEDICAID	\$97,073	\$147,487	\$50,414	52%
4	MEDICAID MANAGED CARE	\$625,427	\$807,432	\$182,005	29%
5	CHAMPUS/TRICARE	\$25,001	\$35,004	\$10,003	40%
6	COMMERCIAL INSURANCE	\$859,706	\$919,869	\$60,163	7%
7	NON-GOVERNMENT MANAGED CARE	\$5,331,290	\$5,645,770	\$314,480	6%
8	WORKER'S COMPENSATION	\$365,898	\$404,712	\$38,814	11%
9	SELF- PAY/UNINSURED	\$1,418,308	\$1,299,230	(\$119,078)	-8%
10	SAGA	\$191,577	\$170,053	(\$21,524)	-11%
11	OTHER	\$930,713	\$1,057,826	\$127,113	14%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$13,104,984	\$14,052,140	\$947,156	7%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$802,409	\$751,574	(\$50,835)	-6%
2	MEDICARE MANAGED CARE	\$18,509	\$22,259	\$3,750	20%
3	MEDICAID	\$18,706	\$13,668	(\$5,038)	-27%
4	MEDICAID MANAGED CARE	\$64,674	\$100,159	\$35,485	55%
5	CHAMPUS/TRICARE	\$9,619	\$10,827	\$1,208	13%
6	COMMERCIAL INSURANCE	\$81,221	\$168,671	\$87,450	108%
7	NON-GOVERNMENT MANAGED CARE	\$2,178,449	\$2,133,967	(\$44,482)	-2%
8	WORKER'S COMPENSATION	\$21,737	\$42,118	\$20,381	94%
9	SELF- PAY/UNINSURED	\$438,146	\$511,674	\$73,528	17%
10	SAGA	\$42,837	\$27,372	(\$15,465)	-36%
11	OTHER	\$92,660	\$126,930	\$34,270	37%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$3,768,967	\$3,909,219	\$140,252	4%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	2,961	2,883	(78)	-3%
2	MEDICARE MANAGED CARE	77	88	11	14%
3	MEDICAID	223	113	(110)	-49%
4	MEDICAID MANAGED CARE	773	939	166	21%
5	CHAMPUS/TRICARE	34	45	11	32%
6	COMMERCIAL INSURANCE	813	660	(153)	-19%
7	NON-GOVERNMENT MANAGED CARE	6,428	5,869	(559)	-9%
8	WORKER'S COMPENSATION	528	552	24	5%
9	SELF- PAY/UNINSURED	1,652	1,386	(266)	-16%
10	SAGA	141	117	(24)	-17%
11	OTHER	859	1,016	157	18%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	14,489	13,668	(821)	-6%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$6,533,428	\$6,653,099	\$119,671	2%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$9,011,172	\$8,799,573	(\$211,599)	-2%
	Total Salaries & Wages	\$15,544,600	\$15,452,672	(\$91,928)	-1%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$1,425,678	\$1,690,804	\$265,126	19%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$1,932,907	\$2,271,298	\$338,391	18%
	Total Fringe Benefits	\$3,358,585	\$3,962,102	\$603,517	18%
C. Contractual Labor Fees:					
1	Nursing Fees	\$739,745	\$1,201	(\$738,544)	-100%
2	Physician Fees	\$1,137,397	\$1,215,173	\$77,776	7%
3	Non-Nursing, Non-Physician Fees	\$104,193	\$45,894	(\$58,299)	-56%
	Total Contractual Labor Fees	\$1,981,335	\$1,262,268	(\$719,067)	-36%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$4,879,877	\$4,439,899	(\$439,978)	-9%
2	Pharmaceutical Costs	\$1,156,384	\$1,249,825	\$93,441	8%
	Total Medical Supplies and Pharmaceutical Cost	\$6,036,261	\$5,689,724	(\$346,537)	-6%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$1,575,185	\$1,579,981	\$4,796	0%
2	Depreciation-Equipment	\$1,847,561	\$1,567,837	(\$279,724)	-15%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$3,422,746	\$3,147,818	(\$274,928)	-8%
F. Bad Debts:					
1	Bad Debts	\$2,953,540	\$1,748,130	(\$1,205,410)	-41%
G. Interest Expense:					
1	Interest Expense	\$2,032,328	\$1,629,083	(\$403,245)	-20%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$687,844	\$1,150,400	\$462,556	67%
I. Utilities:					
1	Water	\$115,488	\$108,371	(\$7,117)	-6%
2	Natural Gas	\$26,348	\$22,284	(\$4,064)	-15%
3	Oil	\$483,152	\$470,319	(\$12,833)	-3%
4	Electricity	\$820,953	\$736,559	(\$84,394)	-10%
5	Telephone	\$94,380	\$75,358	(\$19,022)	-20%
6	Other Utilities	\$38,745	\$46,881	\$8,136	21%
	Total Utilities	\$1,579,066	\$1,459,772	(\$119,294)	-8%
J. Business Expenses:					
1	Accounting Fees	\$80,100	\$76,800	(\$3,300)	-4%
2	Legal Fees	\$178,031	\$68,597	(\$109,434)	-61%
3	Consulting Fees	\$149,024	\$168,857	\$19,833	13%
4	Dues and Membership	\$0	\$0	\$0	0%
5	Equipment Leases	\$276,766	\$258,482	(\$18,284)	-7%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$1,707,964	\$1,789,174	\$81,210	5%
8	Insurance	\$646,792	\$273,754	(\$373,038)	-58%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$28,506	\$38,630	\$10,124	36%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$344,486	\$279,580	(\$64,906)	-19%
12	General Supplies	\$254,011	\$281,572	\$27,561	11%
13	Licenses and Subscriptions	\$48,174	\$62,418	\$14,244	30%
14	Postage and Shipping	\$42,283	\$43,135	\$852	2%
15	Advertising	\$247,486	\$503,754	\$256,268	104%
16	Other Business Expenses	\$8,083,433	\$8,761,876	\$678,443	8%
	Total Business Expenses	\$12,087,056	\$12,606,629	\$519,573	4%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$49,683,361	\$48,108,598	(\$1,574,763)	-3%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$6,593,062	\$7,135,946	\$542,884	8%
2	General Accounting	\$0	\$0	\$0	0%
3	Patient Billing & Collection	\$0	\$0	\$0	0%
4	Admitting / Registration Office	\$0	\$0	\$0	0%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$0	\$0	\$0	0%
8	Public Relations	\$448,808	\$720,763	\$271,955	61%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$839,961	\$831,513	(\$8,448)	-1%
11	Housekeeping	\$484,917	\$465,973	(\$18,944)	-4%
12	Laundry & Linen	\$220,395	\$217,330	(\$3,065)	-1%
13	Operation of Plant	\$2,694,259	\$2,423,205	(\$271,054)	-10%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$0	\$0	\$0	0%
16	Central Sterile Supply	\$0	\$0	\$0	0%
17	Pharmacy Department	\$1,976,130	\$1,957,958	(\$18,172)	-1%
18	Other General Services	\$15,263,842	\$14,136,249	(\$1,127,593)	-7%
	Total General Services	\$28,521,374	\$27,888,937	(\$632,437)	-2%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$902,839	\$968,482	\$65,643	7%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$956,989	\$977,832	\$20,843	2%
4	Medical Records	\$0	\$0	\$0	0%
5	Social Service	\$222,915	\$219,175	(\$3,740)	-2%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$2,082,743	\$2,165,489	\$82,746	4%
C.	<u>Special Services:</u>				
1	Operating Room	\$1,851,293	\$1,735,663	(\$115,630)	-6%
2	Recovery Room	\$195,456	\$155,229	(\$40,227)	-21%
3	Anesthesiology	\$37,148	\$36,076	(\$1,072)	-3%
4	Delivery Room	\$285,056	\$323,459	\$38,403	13%
5	Diagnostic Radiology	\$1,713,927	\$1,726,192	\$12,265	1%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$0	\$0	\$0	0%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$339,983	\$349,745	\$9,762	3%
9	CT Scan	\$247,539	\$231,656	(\$15,883)	-6%
10	Laboratory	\$2,770,169	\$2,699,960	(\$70,209)	-3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$348,408	\$347,896	(\$512)	0%
14	Electroencephalography	\$3,723	\$3,415	(\$308)	-8%
15	Occupational Therapy	\$79,109	\$41,623	(\$37,486)	-47%
16	Speech Pathology	\$75,875	\$75,055	(\$820)	-1%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$364,244	\$363,608	(\$636)	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$101,864	\$107,972	\$6,108	6%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$1,706,368	\$1,647,263	(\$59,105)	-3%
25	MRI	\$301,401	\$303,362	\$1,961	1%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$601,657	\$638,300	\$36,643	6%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,305,762	\$1,905,939	(\$399,823)	-17%
	Total Special Services	\$13,328,982	\$12,692,413	(\$636,569)	-5%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$2,567,682	\$2,333,072	(\$234,610)	-9%
2	Intensive Care Unit	\$1,092,334	\$933,057	(\$159,277)	-15%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,839,351	\$1,836,133	(\$3,218)	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$250,895	\$259,497	\$8,602	3%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$0	\$0	\$0	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$5,750,262	\$5,361,759	(\$388,503)	-7%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$49,683,361	\$48,108,598	(\$1,574,763)	-3%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$54,645,472	\$ 51,853,289	\$50,495,530
2	Other Operating Revenue	671,644	543,474	530,398
3	Total Operating Revenue	\$55,317,116	\$52,396,763	\$51,025,928
4	Total Operating Expenses	53,643,999	49,683,361	48,108,598
5	Income/(Loss) From Operations	\$1,673,117	\$2,713,402	\$2,917,330
6	Total Non-Operating Revenue	0	0	0
7	Excess/(Deficiency) of Revenue Over Expenses	\$1,673,117	\$2,713,402	\$2,917,330
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	3.02%	5.18%	5.72%
2	Hospital Non Operating Margin	0.00%	0.00%	0.00%
3	Hospital Total Margin	3.02%	5.18%	5.72%
4	Income/(Loss) From Operations	\$1,673,117	\$2,713,402	\$2,917,330
5	Total Operating Revenue	\$55,317,116	\$52,396,763	\$51,025,928
6	Total Non-Operating Revenue	\$0	\$0	\$0
7	Total Revenue	\$55,317,116	\$52,396,763	\$51,025,928
8	Excess/(Deficiency) of Revenue Over Expenses	\$1,673,117	\$2,713,402	\$2,917,330
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$13,094,068	\$15,453,591	\$18,267,822
2	Hospital Total Net Assets	\$13,094,068	\$15,453,591	\$18,267,822
3	Hospital Change in Total Net Assets	\$1,693,502	\$2,359,523	\$2,814,231
4	Hospital Change in Total Net Assets %	114.9%	18.0%	18.2%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.47	0.43	0.40
2	Total Operating Expenses	\$54,135,451	\$49,683,361	\$48,108,598
3	Total Gross Revenue	\$113,481,757	\$114,452,317	\$121,087,947
4	Total Other Operating Revenue	\$496,271	\$543,474	\$530,398
5	<u>Private Payment to Cost Ratio</u>	1.13	1.18	1.26
6	Total Non-Government Payments	\$26,040,573	\$25,274,582	\$24,515,877

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
7	Total Uninsured Payments	\$278,909	\$690,151	\$716,609
8	Total Non-Government Charges	\$51,268,176	\$51,095,457	\$51,276,724
9	Total Uninsured Charges	\$3,267,059	\$2,841,994	\$3,397,401
10	<u>Medicare Payment to Cost Ratio</u>	0.87	0.89	0.90
11	Total Medicare Payments	\$22,595,415	\$21,343,986	\$21,164,872
12	Total Medicare Charges	\$54,988,409	\$55,362,105	\$59,558,096
13	<u>Medicaid Payment to Cost Ratio</u>	0.73	0.58	0.77
14	Total Medicaid Payments	\$944,201	\$821,526	\$1,480,573
15	Total Medicaid Charges	\$2,718,385	\$3,260,548	\$4,836,030
16	<u>Uncompensated Care Cost</u>	\$2,044,048	\$1,461,984	\$995,025
17	Charity Care	\$767,308	\$430,330	\$767,288
18	Bad Debts	\$3,536,277	\$2,953,540	\$1,748,130
19	Total Uncompensated Care	\$4,303,585	\$3,383,870	\$2,515,418
20	<u>Uncompensated Care % of Total Expenses</u>	3.8%	2.9%	2.1%
21	Total Operating Expenses	\$54,135,451	\$49,683,361	\$48,108,598
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.61	1.52	1.51
2	Total Current Assets	\$10,114,947	\$10,672,270	\$9,281,368
3	Total Current Liabilities	\$6,300,985	\$7,032,020	\$6,150,305
4	<u>Days Cash on Hand</u>	0	0	0
5	Cash and Cash Equivalents	\$0	\$0	\$0
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$0	\$0	\$0
8	Total Operating Expenses	\$53,643,999	\$49,683,361	\$48,108,598
9	Depreciation Expense	\$3,473,151	\$3,422,746	\$3,147,818
10	Operating Expenses less Depreciation Expense	\$50,170,848	\$46,260,615	\$44,960,780
11	<u>Days Revenue in Patient Accounts Receivable</u>	42.75	41.33	40.17

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
12	Net Patient Accounts Receivable	\$ 6,608,367	\$ 6,306,510	\$ 5,879,926
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$208,044	\$435,106	\$322,546
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 6,400,323	\$ 5,871,404	\$ 5,557,380
16	Total Net Patient Revenue	\$54,645,472	\$ 51,853,289	\$ 50,495,530
17	<u>Average Payment Period</u>	45.84	55.48	49.93
18	Total Current Liabilities	\$6,300,985	\$7,032,020	\$6,150,305
19	Total Operating Expenses	\$53,643,999	\$49,683,361	\$48,108,598
20	Depreciation Expense	\$3,473,151	\$3,422,746	\$3,147,818
21	Total Operating Expenses less Depreciation Expense	\$50,170,848	\$46,260,615	\$44,960,780
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	22.6	25.7	29.9
2	Total Net Assets	\$13,094,068	\$15,453,591	\$18,267,822
3	Total Assets	\$57,898,736	\$60,025,896	\$61,011,656
4	<u>Cash Flow to Total Debt Ratio</u>	12.6	14.9	15.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$1,673,117	\$2,713,402	\$2,917,330
6	Depreciation Expense	\$3,473,151	\$3,422,746	\$3,147,818
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,146,268	\$6,136,148	\$6,065,148
8	Total Current Liabilities	\$6,300,985	\$7,032,020	\$6,150,305
9	Total Long Term Debt	\$34,387,500	\$34,037,500	\$33,687,500
10	Total Current Liabilities and Total Long Term Debt	\$40,688,485	\$41,069,520	\$39,837,805
11	<u>Long Term Debt to Capitalization Ratio</u>	72.4	68.8	64.8
12	Total Long Term Debt	\$34,387,500	\$34,037,500	\$33,687,500
13	Total Net Assets	\$13,094,068	\$15,453,591	\$18,267,822
14	Total Long Term Debt and Total Net Assets	\$47,481,568	\$49,491,091	\$51,955,322
15	<u>Debt Service Coverage Ratio</u>	2.8	3.4	3.9
16	Excess Revenues over Expenses	\$1,673,117	\$2,713,402	\$2,917,330
17	Interest Expense	\$2,918,034	\$2,032,328	\$1,629,083
18	Depreciation and Amortization Expense	\$3,473,151	\$3,422,746	\$3,147,818

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
19	Principal Payments	\$0	\$350,000	\$350,000
G. <u>Other Financial Ratios</u>				
20	Average Age of Plant	3.9	4.8	6.2
21	Accumulated Depreciation	\$13,448,037	\$16,284,093	\$19,433,867
22	Depreciation and Amortization Expense	\$3,473,151	\$3,422,746	\$3,147,818
H. <u>Utilization Measures Summary</u>				
1	Patient Days	11,806	11,466	11,622
2	Discharges	2,834	2,658	2,681
3	ALOS	4.2	4.3	4.3
4	Staffed Beds	47	47	47
5	Available Beds	-	94	94
6	Licensed Beds	94	94	94
6	Occupancy of Staffed Beds	68.8%	66.8%	67.7%
7	Occupancy of Available Beds	34.4%	33.4%	33.9%
8	Full Time Equivalent Employees	283.0	255.3	256.3
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	42.3%	42.2%	39.5%
2	Medicare Gross Revenue Payer Mix Percentage	48.5%	48.4%	49.2%
3	Medicaid Gross Revenue Payer Mix Percentage	2.4%	2.8%	4.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.8%	4.0%	4.4%
5	Uninsured Gross Revenue Payer Mix Percentage	2.9%	2.5%	2.8%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$48,001,117	\$48,253,463	\$47,879,323
9	Medicare Gross Revenue (Charges)	\$54,988,409	\$55,362,105	\$59,558,096
10	Medicaid Gross Revenue (Charges)	\$2,718,385	\$3,260,548	\$4,836,030
11	Other Medical Assistance Gross Revenue (Charges)	\$4,313,174	\$4,575,789	\$5,301,921
12	Uninsured Gross Revenue (Charges)	\$3,267,059	\$2,841,994	\$3,397,401
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$193,613	\$158,418	\$115,176
14	Total Gross Revenue (Charges)	\$113,481,757	\$114,452,317	\$121,087,947
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	50.4%	50.5%	49.1%

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
2	Medicare Net Revenue Payer Mix Percentage	44.2%	43.8%	43.6%
3	Medicaid Net Revenue Payer Mix Percentage	1.8%	1.7%	3.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	2.7%	2.3%	2.6%
5	Uninsured Net Revenue Payer Mix Percentage	0.5%	1.4%	1.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.3%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$25,761,664	\$24,584,431	\$23,799,268
9	Medicare Net Revenue (Payments)	\$22,595,415	\$21,343,986	\$21,164,872
10	Medicaid Net Revenue (Payments)	\$944,201	\$821,526	\$1,480,573
11	Other Medical Assistance Net Revenue (Payments)	\$1,380,693	\$1,143,893	\$1,263,234
12	Uninsured Net Revenue (Payments)	\$278,909	\$690,151	\$716,609
13	CHAMPUS / TRICARE Net Revenue Payments)	\$148,317	\$122,041	\$71,193
14	Total Net Revenue (Payments)	\$51,109,199	\$48,706,028	\$48,495,749
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	951	877	808
2	Medicare	1,574	1,484	1,479
3	Medical Assistance	298	295	387
4	Medicaid	118	142	217
5	Other Medical Assistance	180	153	170
6	CHAMPUS / TRICARE	11	2	7
7	Uninsured (Included In Non-Government)	79	72	65
8	Total	2,834	2,658	2,681
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	0.974900	1.029900	0.988600
2	Medicare	1.159100	1.132200	1.148300
3	Medical Assistance	0.856986	0.934078	0.859268
4	Medicaid	0.934000	0.778900	0.854700
5	Other Medical Assistance	0.806500	1.078100	0.865100
6	CHAMPUS / TRICARE	0.529200	2.097100	0.688900
7	Uninsured (Included In Non-Government)	0.946700	0.834800	0.813300
8	Total Case Mix Index	1.063075	1.077183	1.057248
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	1,607	1,524	1,597
2	Emergency Room - Treated and Discharged	14,756	14,489	13,668
3	Total Emergency Room Visits	16,363	16,013	15,265

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$1,832	\$0	(\$1,832)	-100%
4	Outpatient Payments	\$422	\$0	(\$422)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	0	(1)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,832	\$0	(\$1,832)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$422	\$0	(\$422)	-100%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$0	\$86,606	\$86,606	0%
2	Inpatient Payments	\$0	\$51,664	\$51,664	0%
3	Outpatient Charges	\$129,512	\$102,610	(\$26,902)	-21%
4	Outpatient Payments	\$26,603	\$22,067	(\$4,536)	-17%
5	Discharges	0	3	3	0%
6	Patient Days	0	20	20	0%
7	Outpatient Visits (Excludes ED Visits)	105	121	16	15%
8	Emergency Department Outpatient Visits	2	7	5	250%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$129,512	\$189,216	\$59,704	46%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$26,603	\$73,731	\$47,128	177%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1) LINE	(2) DESCRIPTION	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$11,144	\$168,458	\$157,314	1412%
2	Inpatient Payments	\$5,734	\$75,954	\$70,220	1225%
3	Outpatient Charges	\$47,234	\$76,457	\$29,223	62%
4	Outpatient Payments	\$9,791	\$22,045	\$12,254	125%
5	Discharges	1	8	7	700%
6	Patient Days	4	28	24	600%
7	Outpatient Visits (Excludes ED Visits)	30	70	40	133%
8	Emergency Department Outpatient Visits	0	6	6	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$58,378	\$244,915	\$186,537	320%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$15,525	\$97,999	\$82,474	531%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$302,891	\$79,735	(\$223,156)	-74%
2	Inpatient Payments	\$137,142	\$45,126	(\$92,016)	-67%
3	Outpatient Charges	\$169,790	\$380,121	\$210,331	124%
4	Outpatient Payments	\$45,069	\$77,020	\$31,951	71%
5	Discharges	12	7	(5)	-42%
6	Patient Days	78	21	(57)	-73%
7	Outpatient Visits (Excludes ED Visits)	133	245	112	84%
8	Emergency Department Outpatient Visits	32	36	4	13%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$472,681	\$459,856	(\$12,825)	-3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$182,211	\$122,146	(\$60,065)	-33%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$58,336	\$0	(\$58,336)	-100%
2	Inpatient Payments	\$2,604	\$0	(\$2,604)	-100%
3	Outpatient Charges	\$5,133	\$8,219	\$3,086	60%
4	Outpatient Payments	\$910	\$460	(\$450)	-49%
5	Discharges	2	0	(2)	-100%
6	Patient Days	13	0	(13)	-100%
7	Outpatient Visits (Excludes ED Visits)	7	0	(7)	-100%
8	Emergency Department Outpatient Visits	0	2	2	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$63,469	\$8,219	(\$55,250)	-87%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,514	\$460	(\$3,054)	-87%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$15,133	\$35,195	\$20,062	133%
2	Inpatient Payments	\$5,889	\$13,317	\$7,428	126%
3	Outpatient Charges	\$11,341	\$29,784	\$18,443	163%
4	Outpatient Payments	\$4,250	\$6,238	\$1,988	47%
5	Discharges	1	2	1	100%
6	Patient Days	3	6	3	100%
7	Outpatient Visits (Excludes ED Visits)	4	7	3	75%
8	Emergency Department Outpatient Visits	6	5	(1)	-17%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$26,474	\$64,979	\$38,505	145%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,139	\$19,555	\$9,416	93%
I. AETNA					
1	Inpatient Charges	\$61,611	\$40,885	(\$20,726)	-34%
2	Inpatient Payments	\$35,780	\$16,012	(\$19,768)	-55%
3	Outpatient Charges	\$71,085	\$95,304	\$24,219	34%
4	Outpatient Payments	\$20,043	\$24,200	\$4,157	21%
5	Discharges	5	3	(2)	-40%
6	Patient Days	20	15	(5)	-25%
7	Outpatient Visits (Excludes ED Visits)	52	81	29	56%
8	Emergency Department Outpatient Visits	9	8	(1)	-11%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$132,696	\$136,189	\$3,493	3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$55,823	\$40,212	(\$15,611)	-28%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$20,765	\$86,881	\$66,116	318%
4	Outpatient Payments	\$4,986	\$21,131	\$16,145	324%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	14	30	16	114%
8	Emergency Department Outpatient Visits	6	6	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$20,765	\$86,881	\$66,116	318%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,986	\$21,131	\$16,145	324%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1) LINE	(2) DESCRIPTION	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$105,084	\$376,071	\$270,987	258%
2	Inpatient Payments	\$67,200	\$162,140	\$94,940	141%
3	Outpatient Charges	\$184,809	\$178,489	(\$6,320)	-3%
4	Outpatient Payments	\$72,680	\$43,729	(\$28,951)	-40%
5	Discharges	7	16	9	129%
6	Patient Days	23	67	44	191%
7	Outpatient Visits (Excludes ED Visits)	462	408	(54)	-12%
8	Emergency Department Outpatient Visits	22	18	(4)	-18%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$289,893	\$554,560	\$264,667	91%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$139,880	\$205,869	\$65,989	47%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$554,199	\$786,950	\$232,751	42%
	TOTAL INPATIENT PAYMENTS	\$254,349	\$364,213	\$109,864	43%
	TOTAL OUTPATIENT CHARGES	\$641,501	\$957,865	\$316,364	49%
	TOTAL OUTPATIENT PAYMENTS	\$184,754	\$216,890	\$32,136	17%
	TOTAL DISCHARGES	28	39	11	39%
	TOTAL PATIENT DAYS	141	157	16	11%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	808	962	154	19%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	77	88	11	14%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,195,700	\$1,744,815	\$549,115	46%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$439,103	\$581,103	\$142,000	32%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$53,998	\$0	(\$53,998)	-100%
2	Inpatient Payments	\$23,550	\$0	(\$23,550)	-100%
3	Outpatient Charges	\$250,275	\$0	(\$250,275)	-100%
4	Outpatient Payments	\$65,098	\$0	(\$65,098)	-100%
5	Discharges	9	0	(9)	-100%
6	Patient Days	16	0	(16)	-100%
7	Outpatient Visits (Excludes ED Visits)	146	0	(146)	-100%
8	Emergency Department Outpatient Visits	126	0	(126)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$304,273	\$0	(\$304,273)	-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$88,648	\$0	(\$88,648)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$347,367	\$551,234	\$203,867	59%
2	Inpatient Payments	\$143,757	\$211,834	\$68,077	47%
3	Outpatient Charges	\$824,721	\$1,244,143	\$419,422	51%
4	Outpatient Payments	\$212,935	\$339,878	\$126,943	60%
5	Discharges	44	62	18	41%
6	Patient Days	109	155	46	42%
7	Outpatient Visits (Excludes ED Visits)	558	989	431	77%
8	Emergency Department Outpatient Visits	350	458	108	31%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$1,172,088	\$1,795,377	\$623,289	53%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$356,692	\$551,712	\$195,020	55%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$16,898	\$9,125	(\$7,773)	-46%
4	Outpatient Payments	\$6,537	\$4,974	(\$1,563)	-24%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	27	4	(23)	-85%
8	Emergency Department Outpatient Visits	5	5	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$16,898	\$9,125	(\$7,773)	-46%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$6,537	\$4,974	(\$1,563)	-24%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$208,705	\$858,379	\$649,674	311%
2	Inpatient Payments	\$91,869	\$312,991	\$221,122	241%
3	Outpatient Charges	\$346,290	\$470,810	\$124,520	36%
4	Outpatient Payments	\$86,149	\$106,542	\$20,393	24%
5	Discharges	25	90	65	260%
6	Patient Days	63	242	179	284%
7	Outpatient Visits (Excludes ED Visits)	166	266	100	60%
8	Emergency Department Outpatient Visits	237	345	108	46%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$554,995	\$1,329,189	\$774,194	139%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$178,018	\$419,533	\$241,515	136%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$503	\$0	(\$503)	-100%
4	Outpatient Payments	\$377	\$0	(\$377)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	0	(1)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$503	\$0	(\$503)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$377	\$0	(\$377)	-100%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$36,830	\$36,830	0%
2	Inpatient Payments	\$0	\$16,841	\$16,841	0%
3	Outpatient Charges	\$1,335	\$78,361	\$77,026	5770%
4	Outpatient Payments	\$375	\$21,895	\$21,520	5739%
5	Discharges	0	6	6	0%
6	Patient Days	0	12	12	0%
7	Outpatient Visits (Excludes ED Visits)	3	55	52	1733%
8	Emergency Department Outpatient Visits	1	38	37	3700%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,335	\$115,191	\$113,856	8529%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$375	\$38,736	\$38,361	10230%
	H. AETNA				
1	Inpatient Charges	\$212,013	\$141,276	(\$70,737)	-33%
2	Inpatient Payments	\$73,738	\$66,782	(\$6,956)	-9%
3	Outpatient Charges	\$138,038	\$277,261	\$139,223	101%
4	Outpatient Payments	\$39,802	\$75,421	\$35,619	89%
5	Discharges	23	23	0	0%
6	Patient Days	54	49	(5)	-9%
7	Outpatient Visits (Excludes ED Visits)	84	166	82	98%
8	Emergency Department Outpatient Visits	54	93	39	72%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$350,051	\$418,537	\$68,486	20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$113,540	\$142,203	\$28,663	25%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$822,083	\$1,587,719	\$765,636	93%
	TOTAL INPATIENT PAYMENTS	\$332,914	\$608,448	\$275,534	83%
	TOTAL OUTPATIENT CHARGES	\$1,578,060	\$2,079,700	\$501,640	32%
	TOTAL OUTPATIENT PAYMENTS	\$411,273	\$548,710	\$137,437	33%
	TOTAL DISCHARGES	101	181	80	79%
	TOTAL PATIENT DAYS	242	458	216	89%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	985	1,480	495	50%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	773	939	166	21%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,400,143	\$3,667,419	\$1,267,276	53%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$744,187	\$1,157,158	\$412,971	55%

**ESSENT-SHARON HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2010
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

SHARON HOSPITAL HOLDING CO, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$0	\$0	\$0	0%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$6,542,170	\$6,242,425	(\$299,745)	-5%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,140,534	\$1,162,381	\$21,847	2%
8	Prepaid Expenses	\$1,526,863	\$598,277	(\$928,586)	-61%
9	Other Current Assets	\$1,707,366	\$1,640,784	(\$66,582)	-4%
	Total Current Assets	\$10,916,933	\$9,643,867	(\$1,273,066)	-12%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$5,731,597	\$8,531,815	\$2,800,218	49%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$57,287,531	\$58,690,391	\$1,402,860	2%
2	Less: Accumulated Depreciation	\$16,518,636	\$19,807,940	\$3,289,304	\$0
	Property, Plant and Equipment, Net	\$40,768,895	\$38,882,451	(\$1,886,444)	-5%
3	Construction in Progress	\$235,793	\$242,040	\$6,247	3%
	Total Net Fixed Assets	\$41,004,688	\$39,124,491	(\$1,880,197)	-5%
	Total Assets	\$57,653,218	\$57,300,173	(\$353,045)	-1%

SHARON HOSPITAL HOLDING CO, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$1,983,168	\$1,370,735	(\$612,433)	-31%
2	Salaries, Wages and Payroll Taxes	\$3,690,101	\$3,596,931	(\$93,170)	-3%
3	Due To Third Party Payers	\$435,106	\$322,546	(\$112,560)	-26%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$956,509	\$897,476	(\$59,033)	-6%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$7,064,884	\$6,187,688	(\$877,196)	-12%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$34,037,500	\$33,687,500	(\$350,000)	-1%
	Total Long Term Debt	\$34,037,500	\$33,687,500	(\$350,000)	-1%
3	Accrued Pension Liability	\$1,407,000	\$1,502,000	\$95,000	7%
4	Other Long Term Liabilities	\$2,094,785	\$1,404,029	(\$690,756)	-33%
	Total Long Term Liabilities	\$37,539,285	\$36,593,529	(\$945,756)	-3%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$13,049,049	\$14,518,956	\$1,469,907	11%
2	Temporarily Restricted Net Assets	\$0	\$0	\$0	0%
3	Permanently Restricted Net Assets	\$0	\$0	\$0	0%
	Total Net Assets	\$13,049,049	\$14,518,956	\$1,469,907	11%
	Total Liabilities and Net Assets	\$57,653,218	\$57,300,173	(\$353,045)	-1%

SHARON HOSPITAL HOLDING CO., INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$119,040,764	\$127,442,155	\$8,401,391	7%
2	Less: Allowances	\$64,299,694	\$72,640,400	\$8,340,706	13%
3	Less: Charity Care	\$430,330	\$767,288	\$336,958	78%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$54,310,740	\$54,034,467	(\$276,273)	-1%
5	Other Operating Revenue	\$543,474	\$531,371	(\$12,103)	-2%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$54,854,214	\$54,565,838	(\$288,376)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$17,820,772	\$19,009,778	\$1,189,006	7%
2	Fringe Benefits	\$3,452,342	\$4,085,478	\$633,136	18%
3	Physicians Fees	\$1,276,543	\$1,379,751	\$103,208	8%
4	Supplies and Drugs	\$6,139,169	\$5,831,745	(\$307,424)	-5%
5	Depreciation and Amortization	\$3,555,043	\$3,287,347	(\$267,696)	-8%
6	Bad Debts	\$2,882,152	\$2,035,446	(\$846,706)	-29%
7	Interest	\$2,032,328	\$1,629,083	(\$403,245)	-20%
8	Malpractice	\$687,844	\$1,150,400	\$462,556	67%
9	Other Operating Expenses	\$15,134,438	\$14,583,804	(\$550,634)	-4%
	Total Operating Expenses	\$52,980,631	\$52,992,832	\$12,201	0%
	Income/(Loss) From Operations	\$1,873,583	\$1,573,006	(\$300,577)	-16%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,873,583	\$1,573,006	(\$300,577)	-16%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$1,873,583	\$1,573,006	(\$300,577)	-16%

SHARON HOSPITAL HOLDING CO, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$55,524,108	\$54,310,740	\$54,034,467
2	Other Operating Revenue	671,644	543,474	531,371
3	Total Operating Revenue	\$56,195,752	\$54,854,214	\$54,565,838
4	Total Operating Expenses	55,942,818	52,980,631	52,992,832
5	Income/(Loss) From Operations	\$252,934	\$1,873,583	\$1,573,006
6	Total Non-Operating Revenue	0	0	0
7	Excess/(Deficiency) of Revenue Over Expenses	\$252,934	\$1,873,583	\$1,573,006
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	0.45%	3.42%	2.88%
2	Parent Corporation Non-Operating Margin	0.00%	0.00%	0.00%
3	Parent Corporation Total Margin	0.45%	3.42%	2.88%
4	Income/(Loss) From Operations	\$252,934	\$1,873,583	\$1,573,006
5	Total Operating Revenue	\$56,195,752	\$54,854,214	\$54,565,838
6	Total Non-Operating Revenue	\$0	\$0	\$0
7	Total Revenue	\$56,195,752	\$54,854,214	\$54,565,838
8	Excess/(Deficiency) of Revenue Over Expenses	\$252,934	\$1,873,583	\$1,573,006
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$11,529,344	\$13,049,049	\$14,518,956
2	Parent Corporation Total Net Assets	\$11,529,344	\$13,049,049	\$14,518,956
3	Parent Corporation Change in Total Net Assets	\$128,778	\$1,519,705	\$1,469,907
4	Parent Corporation Change in Total Net Assets %	101.1%	13.2%	11.3%

SHARON HOSPITAL HOLDING CO, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
D. Liquidity Measures Summary				
1	Current Ratio	1.60	1.55	1.56
2	Total Current Assets	\$10,162,773	\$10,916,933	\$9,643,867
3	Total Current Liabilities	\$6,359,655	\$7,064,884	\$6,187,688
4	Days Cash on Hand	0	0	0
5	Cash and Cash Equivalents	\$0	\$0	\$0
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$0	\$0	\$0
8	Total Operating Expenses	\$55,942,818	\$52,980,631	\$52,992,832
9	Depreciation Expense	\$3,568,388	\$3,555,043	\$3,287,347
10	Operating Expenses less Depreciation Expense	\$52,374,430	\$49,425,588	\$49,705,485
11	Days Revenue in Patient Accounts Receivable	42	41	40
12	Net Patient Accounts Receivable	\$ 6,656,193	\$ 6,542,170	\$ 6,242,425
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$208,044	\$435,106	\$322,546
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 6,448,149	\$ 6,107,064	\$ 5,919,879
16	Total Net Patient Revenue	\$55,524,108	\$54,310,740	\$54,034,467
17	Average Payment Period	44	52	45
18	Total Current Liabilities	\$6,359,655	\$7,064,884	\$6,187,688
19	Total Operating Expenses	\$55,942,818	\$52,980,631	\$52,992,832
20	Depreciation Expense	\$3,568,388	\$3,555,043	\$3,287,347
21	Total Operating Expenses less Depreciation Expense	\$52,374,430	\$49,425,588	\$49,705,485

SHARON HOSPITAL HOLDING CO, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	20.4	22.6	25.3
2	Total Net Assets	\$11,529,344	\$13,049,049	\$14,518,956
3	Total Assets	\$56,391,682	\$57,653,218	\$57,300,173
4	<u>Cash Flow to Total Debt Ratio</u>	9.4	13.2	12.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$252,934	\$1,873,583	\$1,573,006
6	Depreciation Expense	\$3,568,388	\$3,555,043	\$3,287,347
7	Excess of Revenues Over Expenses and Depreciation Expense	\$3,821,322	\$5,428,626	\$4,860,353
8	Total Current Liabilities	\$6,359,655	\$7,064,884	\$6,187,688
9	Total Long Term Debt	\$34,387,500	\$34,037,500	\$33,687,500
10	Total Current Liabilities and Total Long Term Debt	\$40,747,155	\$41,102,384	\$39,875,188
11	<u>Long Term Debt to Capitalization Ratio</u>	74.9	72.3	69.9
12	Total Long Term Debt	\$34,387,500	\$34,037,500	\$33,687,500
13	Total Net Assets	\$11,529,344	\$13,049,049	\$14,518,956
14	Total Long Term Debt and Total Net Assets	\$45,916,844	\$47,086,549	\$48,206,456

ESSENT-SHARON HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	5,290	22	47	65.9%	30.8%
2	ICU/CCU (Excludes Neonatal ICU)	1,698	5	11	93.0%	42.3%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,243	12	12	74.0%	74.0%
	TOTAL PSYCHIATRIC	3,243	12	12	74.0%	74.0%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	778	4	8	53.3%	26.6%
7	Newborn	613	4	16	42.0%	10.5%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	11,009	43	78	70.1%	38.7%
	TOTAL INPATIENT BED UTILIZATION	11,622	47	94	67.7%	33.9%
	TOTAL INPATIENT REPORTED YEAR	11,622	47	94	67.7%	33.9%
	TOTAL INPATIENT PRIOR YEAR	11,466	47	94	66.8%	33.4%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	156	0	0	0.9%	0.5%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	1%	0%	0%	1%	1%
	Total Licensed Beds and Bassinets	94				
(A) This number may not exceed the number of available beds for each department or in total.						

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	571	517	-54	-9%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,289	2,202	-87	-4%
3	Emergency Department Scans	2,993	3,340	347	12%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	5,853	6,059	206	4%
B. MRI Scans (A)					
1	Inpatient Scans	303	276	-27	-9%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,710	1,772	62	4%
3	Emergency Department Scans	48	56	8	17%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	2,061	2,104	43	2%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	507	453	-54	-11%
2	Outpatient Surgical Procedures	1,522	1,481	-41	-3%
	Total Surgical Procedures	2,029	1,934	-95	-5%
J. Endoscopy Procedures					

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	127	100	-27	-21%
2	Outpatient Endoscopy Procedures	1,040	1,081	41	4%
	Total Endoscopy Procedures	1,167	1,181	14	1%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	1,524	1,597	73	5%
2	Emergency Room Visits: Treated and Discharged	14,489	13,668	-821	-6%
	Total Emergency Room Visits	16,013	15,265	-748	-5%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	863	863	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	1,692	1,692	0%
	Total Hospital Clinic Visits	0	2,555	2,555	0%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	10,243	9,896	-347	-3%
2	Cardiology	5,532	5,230	-302	-5%
3	Chemotherapy	721	554	-167	-23%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	49,232	46,771	-2,461	-5%
	Total Other Hospital Outpatient Visits	65,728	62,451	-3,277	-5%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	81.3	93.2	11.9	15%
2	Total Physician FTEs	0.0	0.0	0.0	0%
3	Total Non-Nursing and Non-Physician FTEs	174.0	163.1	-10.9	-6%
	Total Hospital Full Time Equivalent Employees	255.3	256.3	1.0	0%

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Sharon Hospital	1,522	1,481	-41	-3%
	Total Outpatient Surgical Procedures(A)	1,522	1,481	-41	-3%
B. Outpatient Endoscopy Procedures					
1	Sharon Hospital	1,040	1,081	41	4%
	Total Outpatient Endoscopy Procedures(B)	1,040	1,081	41	4%
C. Outpatient Hospital Emergency Room Visits					
1	Sharon Hospital	14,489	13,668	-821	-6%
	Total Outpatient Hospital Emergency Room Visits(C)	14,489	13,668	-821	-6%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$30,497,030	\$31,529,133	\$1,032,103	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$14,932,749	\$14,533,658	(\$399,091)	-3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	48.96%	46.10%	-2.87%	-6%
4	DISCHARGES	1,484	1,479	(5)	0%
5	CASE MIX INDEX (CMI)	1.13220	1.14830	0.01610	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,680.18480	1,698.33570	18.15090	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,887.56	\$8,557.59	(\$329.97)	-4%
8	PATIENT DAYS	8,001	8,145	144	2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,866.36	\$1,784.37	(\$81.99)	-4%
10	AVERAGE LENGTH OF STAY	5.4	5.5	0.1	2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$24,865,075	\$28,028,963	\$3,163,888	13%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,411,237	\$6,631,214	\$219,977	3%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.78%	23.66%	-2.13%	-8%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	81.53%	88.90%	7.37%	9%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,209.94639	1,314.81054	104.86415	9%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,298.78	\$5,043.47	(\$255.30)	-5%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$55,362,105	\$59,558,096	\$4,195,991	8%
18	TOTAL ACCRUED PAYMENTS	\$21,343,986	\$21,164,872	(\$179,114)	-1%
19	TOTAL ALLOWANCES	\$34,018,119	\$38,393,224	\$4,375,105	13%

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$14,751,232	\$13,888,946	(\$862,286)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,924,284	\$6,039,862	(\$884,422)	-13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	46.94%	43.49%	-3.45%	-7%
4	DISCHARGES	877	808	(69)	-8%
5	CASE MIX INDEX (CMI)	1.02990	0.98860	(0.04130)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	903.22230	798.78880	(104.43350)	-12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,666.20	\$7,561.28	(\$104.93)	-1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$1,221.36	\$996.31	(\$225.05)	-18%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,103,161	\$795,844	(\$307,318)	-28%
10	PATIENT DAYS	2,612	2,277	(335)	-13%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,650.95	\$2,652.55	\$1.60	0%
12	AVERAGE LENGTH OF STAY	3.0	2.8	(0.2)	-5%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$36,344,225	\$37,387,778	\$1,043,553	3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$18,350,298	\$18,476,015	\$125,717	1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	50.49%	49.42%	-1.07%	-2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	246.38%	269.19%	22.81%	9%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,160.76090	2,175.06243	14.30153	1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,492.52	\$8,494.48	\$1.96	0%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$3,193.74)	(\$3,451.00)	(\$257.26)	8%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,900,906)	(\$7,506,142)	(\$605,236)	9%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$51,095,457	\$51,276,724	\$181,267	0%
22	TOTAL ACCRUED PAYMENTS	\$25,274,582	\$24,515,877	(\$758,705)	-3%
23	TOTAL ALLOWANCES	\$25,820,875	\$26,760,847	\$939,972	4%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$5,797,745)	(\$6,710,298)	(\$912,554)	16%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$51,095,456	\$51,276,724	\$181,268	0%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$29,524,736	\$28,057,281	(\$1,467,455)	-5%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$21,570,720	\$23,219,443	\$1,648,723	8%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.22%	45.28%	3.07%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$850,966	\$1,035,642	\$184,676	22%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$83,830	\$92,627	\$8,797	10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	9.85%	8.94%	-0.91%	-9%
4	DISCHARGES	72	65	(7)	-10%
5	CASE MIX INDEX (CMI)	0.83480	0.81330	(0.02150)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	60.10560	52.86450	(7.24110)	-12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,394.71	\$1,752.16	\$357.45	26%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,271.49	\$5,809.12	(\$462.37)	-7%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,492.85	\$6,805.43	(\$687.42)	-9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$450,362	\$359,766	(\$90,597)	-20%
11	PATIENT DAYS	205	178	(27)	-13%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$408.93	\$520.38	\$111.45	27%
13	AVERAGE LENGTH OF STAY	2.8	2.7	(0.1)	-4%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,991,028	\$2,361,759	\$370,731	19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$606,321	\$623,982	\$17,661	3%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.45%	26.42%	-4.03%	-13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	233.97%	228.05%	-5.92%	-3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	168.46033	148.23108	(20.22925)	-12%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,599.19	\$4,209.52	\$610.33	17%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,893.33	\$4,284.95	(\$608.37)	-12%
21	MEDICARE - UNINSURED OP PMT / OPED	\$1,699.59	\$833.95	(\$865.63)	-51%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$286,313	\$123,618	(\$162,695)	-57%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$2,841,994	\$3,397,401	\$555,407	20%
24	TOTAL ACCRUED PAYMENTS	\$690,151	\$716,609	\$26,458	4%
25	TOTAL ALLOWANCES	\$2,151,843	\$2,680,792	\$528,949	25%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$736,675	\$483,383	(\$253,292)	-34%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,298,721	\$2,015,194	\$716,473	55%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$362,892	\$750,725	\$387,833	107%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.94%	37.25%	9.31%	33%
4	DISCHARGES	142	217	75	53%
5	CASE MIX INDEX (CMI)	0.77890	0.85470	0.07580	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	110.60380	185.46990	74.86610	68%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,281.01	\$4,047.69	\$766.68	23%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,385.19	\$3,513.58	(\$871.61)	-20%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$5,606.56	\$4,509.90	(\$1,096.66)	-20%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$620,106	\$836,450	\$216,344	35%
11	PATIENT DAYS	360	589	229	64%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,008.03	\$1,274.58	\$266.54	26%
13	AVERAGE LENGTH OF STAY	2.5	2.7	0.2	7%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,961,827	\$2,820,836	\$859,009	44%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$458,634	\$729,848	\$271,214	59%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.38%	25.87%	2.50%	11%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	151.06%	139.98%	-11.08%	-7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	214.50291	303.75309	89.25018	42%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,138.12	\$2,402.77	\$264.64	12%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,354.39	\$6,091.71	(\$262.68)	-4%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,160.65	\$2,640.71	(\$519.95)	-16%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$677,969	\$802,123	\$124,154	18%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$3,260,548	\$4,836,030	\$1,575,482	48%
24	TOTAL ACCRUED PAYMENTS	\$821,526	\$1,480,573	\$659,047	80%
25	TOTAL ALLOWANCES	\$2,439,022	\$3,355,457	\$916,435	38%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,298,076	\$1,638,573	\$340,498	26%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,859,352	\$2,513,807	\$654,455	35%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$555,847	\$814,018	\$258,171	46%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.89%	32.38%	2.49%	8%
4	DISCHARGES	153	170	17	11%
5	CASE MIX INDEX (CMI)	1.07810	0.86510	(0.21300)	-20%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	164.94930	147.06700	(17.88230)	-11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,369.81	\$5,535.01	\$2,165.21	64%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$4,296.40	\$2,026.26	(\$2,270.14)	-53%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$5,517.76	\$3,022.57	(\$2,495.18)	-45%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$910,150	\$444,521	(\$465,630)	-51%
11	PATIENT DAYS	484	595	111	23%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,148.44	\$1,368.10	\$219.65	19%
13	AVERAGE LENGTH OF STAY	3.2	3.5	0.3	11%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,716,437	\$2,788,114	\$71,677	3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$588,046	\$449,216	(\$138,830)	-24%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.65%	16.11%	-5.54%	-26%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	146.10%	110.91%	-35.18%	-24%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	223.52672	188.55043	(34.97630)	-16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,630.76	\$2,382.47	(\$248.29)	-9%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,861.75	\$6,112.00	\$250.25	4%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,668.01	\$2,661.00	(\$7.01)	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$596,372	\$501,733	(\$94,639)	-16%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$4,575,789	\$5,301,921	\$726,132	16%
24	TOTAL ACCRUED PAYMENTS	\$1,143,893	\$1,263,234	\$119,341	10%
25	TOTAL ALLOWANCES	\$3,431,896	\$4,038,687	\$606,791	18%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$1,506,523	\$946,254	(\$560,269)	-37%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$3,158,073	\$4,529,001	\$1,370,928	43%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$918,739	\$1,564,743	\$646,004	70%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.09%	34.55%	5.46%	19%
4	DISCHARGES	295	387	92	31%
5	CASE MIX INDEX (CMI)	0.93408	0.85927	(0.07481)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	275.55310	332.53690	56.98380	21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,334.16	\$4,705.47	\$1,371.31	41%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,332.04	\$2,855.80	(\$1,476.23)	-34%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,553.40	\$3,852.12	(\$1,701.28)	-31%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,530,257	\$1,280,971	(\$249,286)	-16%
11	PATIENT DAYS	844	1,184	340	40%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,088.55	\$1,321.57	\$233.02	21%
13	AVERAGE LENGTH OF STAY	2.9	3.1	0.2	7%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,678,264	\$5,608,950	\$930,686	20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,046,680	\$1,179,064	\$132,384	13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.37%	21.02%	-1.35%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	148.14%	123.85%	-24.29%	-16%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	438.02963	492.30352	54.27389	12%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,389.52	\$2,394.99	\$5.48	0%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,103.00	\$6,099.48	(\$3.52)	0%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,909.26	\$2,648.48	(\$260.78)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,274,342	\$1,303,856	\$29,515	2%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$7,836,337	\$10,137,951	\$2,301,614	29%
24	TOTAL ACCRUED PAYMENTS	\$1,965,419	\$2,743,807	\$778,388	40%
25	TOTAL ALLOWANCES	\$5,870,918	\$7,394,144	\$1,523,226	26%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$93,627	\$56,762	(\$36,865)	-39%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$93,215	\$47,179	(\$46,036)	-49%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	99.56%	83.12%	-16.44%	-17%
4	DISCHARGES	2	7	5	250%
5	CASE MIX INDEX (CMI)	2.09710	0.68890	(1.40820)	-67%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4.19420	4.82230	0.62810	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$22,224.74	\$9,783.51	(\$12,441.23)	-56%
8	PATIENT DAYS	9	16	7	78%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$10,357.22	\$2,948.69	(\$7,408.53)	-72%
10	AVERAGE LENGTH OF STAY	4.5	2.3	(2.2)	-49%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$64,791	\$58,414	(\$6,377)	-10%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$28,826	\$24,014	(\$4,812)	-17%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$158,418	\$115,176	(\$43,242)	-27%
14	TOTAL ACCRUED PAYMENTS	\$122,041	\$71,193	(\$50,848)	-42%
15	TOTAL ALLOWANCES	\$36,377	\$43,983	\$7,606	21%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$543,474	\$530,398	(\$13,076)	-2%
2	TOTAL OPERATING EXPENSES	\$49,683,361	\$48,108,598	(\$1,574,763)	-3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$185,269	\$251,652	\$66,383	36%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$430,330	\$767,288	\$336,958	78%
5	BAD DEBTS (CHARGES)	\$2,953,540	\$1,748,130	(\$1,205,410)	-41%
6	UNCOMPENSATED CARE (CHARGES)	\$3,383,870	\$2,515,418	(\$868,452)	-26%
7	COST OF UNCOMPENSATED CARE	\$1,445,509	\$1,012,653	(\$432,855)	-30%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$7,836,337	\$10,137,951	\$2,301,614	29%
9	TOTAL ACCRUED PAYMENTS	\$1,965,419	\$2,743,807	\$778,388	40%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$3,347,496	\$4,081,321	\$733,825	22%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,382,077	\$1,337,514	(\$44,563)	-3%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$48,499,962	\$50,003,842	\$1,503,880	3%
2	TOTAL INPATIENT PAYMENTS	\$22,868,987	\$22,185,442	(\$683,545)	-3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	47.15%	44.37%	-2.79%	-6%
4	TOTAL DISCHARGES	2,658	2,681	23	1%
5	TOTAL CASE MIX INDEX	1.07718	1.05725	(0.01994)	-2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	2,863.15440	2,834.48370	(28.67070)	-1%
7	TOTAL OUTPATIENT CHARGES	\$65,952,355	\$71,084,105	\$5,131,750	8%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	135.98%	142.16%	6.17%	5%
9	TOTAL OUTPATIENT PAYMENTS	\$25,837,041	\$26,310,307	\$473,266	2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.18%	37.01%	-2.16%	-6%
11	TOTAL CHARGES	\$114,452,317	\$121,087,947	\$6,635,630	6%
12	TOTAL PAYMENTS	\$48,706,028	\$48,495,749	(\$210,279)	0%
13	TOTAL PAYMENTS / TOTAL CHARGES	42.56%	40.05%	-2.51%	-6%
14	PATIENT DAYS	11,466	11,622	156	1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$33,748,730	\$36,114,896	\$2,366,166	7%
2	INPATIENT PAYMENTS	\$15,944,703	\$16,145,580	\$200,877	1%
3	GOVT. INPATIENT PAYMENTS / CHARGES	47.25%	44.71%	-2.54%	-5%
4	DISCHARGES	1,781	1,873	92	5%
5	CASE MIX INDEX	1.10047	1.08686	(0.01360)	-1%
6	CASE MIX ADJUSTED DISCHARGES	1,959.93210	2,035.69490	75.76280	4%
7	OUTPATIENT CHARGES	\$29,608,130	\$33,696,327	\$4,088,197	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	87.73%	93.30%	5.57%	6%
9	OUTPATIENT PAYMENTS	\$7,486,743	\$7,834,292	\$347,549	5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.29%	23.25%	-2.04%	-8%
11	TOTAL CHARGES	\$63,356,860	\$69,811,223	\$6,454,363	10%
12	TOTAL PAYMENTS	\$23,431,446	\$23,979,872	\$548,426	2%
13	TOTAL PAYMENTS / CHARGES	36.98%	34.35%	-2.63%	-7%
14	PATIENT DAYS	8,854	9,345	491	6%
15	TOTAL GOVERNMENT DEDUCTIONS	\$39,925,414	\$45,831,351	\$5,905,937	15%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.4	5.5	0.1	2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	2.8	(0.2)	-5%
3	UNINSURED	2.8	2.7	(0.1)	-4%
4	MEDICAID	2.5	2.7	0.2	7%
5	OTHER MEDICAL ASSISTANCE	3.2	3.5	0.3	11%
6	CHAMPUS / TRICARE	4.5	2.3	(2.2)	-49%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.3	0.0	0%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$114,452,317	\$121,087,947	\$6,635,630	6%
2	TOTAL GOVERNMENT DEDUCTIONS	\$39,925,414	\$45,831,351	\$5,905,937	15%
3	UNCOMPENSATED CARE	\$3,383,870	\$2,515,418	(\$868,452)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$21,570,720	\$23,219,443	\$1,648,723	8%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$866,283	\$1,025,987	\$159,704	18%
6	TOTAL ADJUSTMENTS	\$65,746,287	\$72,592,199	\$6,845,912	10%
7	TOTAL ACCRUED PAYMENTS	\$48,706,030	\$48,495,748	(\$210,282)	0%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$185,269	\$251,652	\$66,383	36%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$48,891,299	\$48,747,400	(\$143,899)	0%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4271761401	0.4025784664	(0.0245976737)	-6%
11	COST OF UNCOMPENSATED CARE	\$1,445,509	\$1,012,653	(\$432,855)	-30%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,382,077	\$1,337,514	(\$44,563)	-3%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$2,827,586	\$2,350,167	(\$477,419)	-17%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$677,969	\$802,123	\$124,154	18%
2	OTHER MEDICAL ASSISTANCE	\$1,506,523	\$946,254	(\$560,269)	-37%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$736,675	\$483,383	(\$253,292)	-34%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$2,921,167	\$2,231,761	(\$689,407)	-24%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,649,950	\$1,806,458	\$156,508	9.49%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$2,961,992	\$1,748,130	(\$1,213,862)	-40.98%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$51,853,289	\$50,495,530	(\$1,357,759)	-2.62%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$114,452,317	\$121,087,948	\$6,635,631	5.80%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$3,383,870	\$2,515,418	(\$868,452)	-25.66%

ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,751,232	\$13,888,946	(\$862,286)
2	MEDICARE	\$30,497,030	31,529,133	\$1,032,103
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,158,073	4,529,001	\$1,370,928
4	MEDICAID	\$1,298,721	2,015,194	\$716,473
5	OTHER MEDICAL ASSISTANCE	\$1,859,352	2,513,807	\$654,455
6	CHAMPUS / TRICARE	\$93,627	56,762	(\$36,865)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$850,966	1,035,642	\$184,676
	TOTAL INPATIENT GOVERNMENT CHARGES	\$33,748,730	\$36,114,896	\$2,366,166
	TOTAL INPATIENT CHARGES	\$48,499,962	\$50,003,842	\$1,503,880
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$36,344,225	\$37,387,778	\$1,043,553
2	MEDICARE	\$24,865,075	28,028,963	\$3,163,888
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,678,264	5,608,950	\$930,686
4	MEDICAID	\$1,961,827	2,820,836	\$859,009
5	OTHER MEDICAL ASSISTANCE	\$2,716,437	2,788,114	\$71,677
6	CHAMPUS / TRICARE	\$64,791	58,414	(\$6,377)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,991,028	2,361,759	\$370,731
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$29,608,130	\$33,696,327	\$4,088,197
	TOTAL OUTPATIENT CHARGES	\$65,952,355	\$71,084,105	\$5,131,750
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$51,095,457	\$51,276,724	\$181,267
2	TOTAL MEDICARE	\$55,362,105	\$59,558,096	\$4,195,991
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,836,337	\$10,137,951	\$2,301,614
4	TOTAL MEDICAID	\$3,260,548	\$4,836,030	\$1,575,482
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,575,789	\$5,301,921	\$726,132
6	TOTAL CHAMPUS / TRICARE	\$158,418	\$115,176	(\$43,242)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,841,994	\$3,397,401	\$555,407
	TOTAL GOVERNMENT CHARGES	\$63,356,860	\$69,811,223	\$6,454,363
	TOTAL CHARGES	\$114,452,317	\$121,087,947	\$6,635,630
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,924,284	\$6,039,862	(\$884,422)
2	MEDICARE	\$14,932,749	14,533,658	(\$399,091)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$918,739	1,564,743	\$646,004
4	MEDICAID	\$362,892	750,725	\$387,833
5	OTHER MEDICAL ASSISTANCE	\$555,847	814,018	\$258,171
6	CHAMPUS / TRICARE	\$93,215	47,179	(\$46,036)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$83,830	92,627	\$8,797
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$15,944,703	\$16,145,580	\$200,877
	TOTAL INPATIENT PAYMENTS	\$22,868,987	\$22,185,442	(\$683,545)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,350,298	\$18,476,015	\$125,717
2	MEDICARE	\$6,411,237	6,631,214	\$219,977
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,046,680	1,179,064	\$132,384
4	MEDICAID	\$458,634	729,848	\$271,214
5	OTHER MEDICAL ASSISTANCE	\$588,046	449,216	(\$138,830)
6	CHAMPUS / TRICARE	\$28,826	24,014	(\$4,812)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$606,321	623,982	\$17,661
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$7,486,743	\$7,834,292	\$347,549
	TOTAL OUTPATIENT PAYMENTS	\$25,837,041	\$26,310,307	\$473,266
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$25,274,582	\$24,515,877	(\$758,705)
2	TOTAL MEDICARE	\$21,343,986	\$21,164,872	(\$179,114)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,965,419	\$2,743,807	\$778,388
4	TOTAL MEDICAID	\$821,526	\$1,480,573	\$659,047
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,143,893	\$1,263,234	\$119,341
6	TOTAL CHAMPUS / TRICARE	\$122,041	\$71,193	(\$50,848)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$690,151	\$716,609	\$26,458
	TOTAL GOVERNMENT PAYMENTS	\$23,431,446	\$23,979,872	\$548,426
	TOTAL PAYMENTS	\$48,706,028	\$48,495,749	(\$210,279)

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.89%	11.47%	-1.42%
2	MEDICARE	26.65%	26.04%	-0.61%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.76%	3.74%	0.98%
4	MEDICAID	1.13%	1.66%	0.53%
5	OTHER MEDICAL ASSISTANCE	1.62%	2.08%	0.45%
6	CHAMPUS / TRICARE	0.08%	0.05%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.74%	0.86%	0.11%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.49%	29.83%	0.34%
	TOTAL INPATIENT PAYER MIX	42.38%	41.30%	-1.08%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	31.75%	30.88%	-0.88%
2	MEDICARE	21.73%	23.15%	1.42%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.09%	4.63%	0.54%
4	MEDICAID	1.71%	2.33%	0.62%
5	OTHER MEDICAL ASSISTANCE	2.37%	2.30%	-0.07%
6	CHAMPUS / TRICARE	0.06%	0.05%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.74%	1.95%	0.21%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	25.87%	27.83%	1.96%
	TOTAL OUTPATIENT PAYER MIX	57.62%	58.70%	1.08%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.22%	12.45%	-1.76%
2	MEDICARE	30.66%	29.97%	-0.69%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.89%	3.23%	1.34%
4	MEDICAID	0.75%	1.55%	0.80%
5	OTHER MEDICAL ASSISTANCE	1.14%	1.68%	0.54%
6	CHAMPUS / TRICARE	0.19%	0.10%	-0.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.17%	0.19%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	32.74%	33.29%	0.56%
	TOTAL INPATIENT PAYER MIX	46.95%	45.75%	-1.21%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.68%	38.10%	0.42%
2	MEDICARE	13.16%	13.67%	0.51%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.15%	2.43%	0.28%
4	MEDICAID	0.94%	1.50%	0.56%
5	OTHER MEDICAL ASSISTANCE	1.21%	0.93%	-0.28%
6	CHAMPUS / TRICARE	0.06%	0.05%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.24%	1.29%	0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	15.37%	16.15%	0.78%
	TOTAL OUTPATIENT PAYER MIX	53.05%	54.25%	1.21%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE DESCRIPTION		ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	877	808	(69)
2	MEDICARE	1,484	1,479	(5)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	295	387	92
4	MEDICAID	142	217	75
5	OTHER MEDICAL ASSISTANCE	153	170	17
6	CHAMPUS / TRICARE	2	7	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	72	65	(7)
	TOTAL GOVERNMENT DISCHARGES	1,781	1,873	92
	TOTAL DISCHARGES	2,658	2,681	23
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,612	2,277	(335)
2	MEDICARE	8,001	8,145	144
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	844	1,184	340
4	MEDICAID	360	589	229
5	OTHER MEDICAL ASSISTANCE	484	595	111
6	CHAMPUS / TRICARE	9	16	7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	205	178	(27)
	TOTAL GOVERNMENT PATIENT DAYS	8,854	9,345	491
	TOTAL PATIENT DAYS	11,466	11,622	156
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	2.8	(0.2)
2	MEDICARE	5.4	5.5	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.9	3.1	0.2
4	MEDICAID	2.5	2.7	0.2
5	OTHER MEDICAL ASSISTANCE	3.2	3.5	0.3
6	CHAMPUS / TRICARE	4.5	2.3	(2.2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.8	2.7	(0.1)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.0	5.0	0.0
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.3	0.0
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.02990	0.98860	(0.04130)
2	MEDICARE	1.13220	1.14830	0.01610
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.93408	0.85927	(0.07481)
4	MEDICAID	0.77890	0.85470	0.07580
5	OTHER MEDICAL ASSISTANCE	1.07810	0.86510	(0.21300)
6	CHAMPUS / TRICARE	2.09710	0.68890	(1.40820)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.83480	0.81330	(0.02150)
	TOTAL GOVERNMENT CASE MIX INDEX	1.10047	1.08686	(0.01360)
	TOTAL CASE MIX INDEX	1.07718	1.05725	(0.01994)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,095,456	\$51,276,724	\$181,268
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$29,524,736	\$28,057,281	(\$1,467,455)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$21,570,720	\$23,219,443	\$1,648,723
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.22%	45.28%	3.07%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,649,950	\$1,806,458	\$156,508
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$866,283	\$1,025,987	\$159,704
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$185,269	\$251,652	\$66,383
8	CHARITY CARE	\$430,330	\$767,288	\$336,958
9	BAD DEBTS	\$2,953,540	\$1,748,130	(\$1,205,410)
10	TOTAL UNCOMPENSATED CARE	\$3,383,870	\$2,515,418	(\$868,452)
11	TOTAL OTHER OPERATING REVENUE	\$51,095,456	\$51,276,724	\$181,268
12	TOTAL OPERATING EXPENSES	\$49,683,361	\$48,108,598	(\$1,574,763)

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	903.22230	798.78880	(104.43350)
2	MEDICARE	1,680.18480	1,698.33570	18.15090
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	275.55310	332.53690	56.98380
4	MEDICAID	110.60380	185.46990	74.86610
5	OTHER MEDICAL ASSISTANCE	164.94930	147.06700	(17.88230)
6	CHAMPUS / TRICARE	4.19420	4.82230	0.62810
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	60.10560	52.86450	(7.24110)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	1,959.93210	2,035.69490	75.76280
	TOTAL CASE MIX ADJUSTED DISCHARGES	2,863.15440	2,834.48370	(28.67070)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,160.76090	2,175.06243	14.30153
2	MEDICARE	1,209.94639	1,314.81054	104.86415
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	438.02963	492.30352	54.27389
4	MEDICAID	214.50291	303.75309	89.25018
5	OTHER MEDICAL ASSISTANCE	223.52672	188.55043	-34.97630
6	CHAMPUS / TRICARE	1.38402	7.20373	5.81970
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	168.46033	148.23108	-20.22925
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	1,649.36005	1,814.31778	164.95774
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	3,810.12095	3,989.38021	179.25927
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,666.20	\$7,561.28	(\$104.93)
2	MEDICARE	\$8,887.56	\$8,557.59	(\$329.97)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,334.16	\$4,705.47	\$1,371.31
4	MEDICAID	\$3,281.01	\$4,047.69	\$766.68
5	OTHER MEDICAL ASSISTANCE	\$3,369.81	\$5,535.01	\$2,165.21
6	CHAMPUS / TRICARE	\$22,224.74	\$9,783.51	(\$12,441.23)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,394.71	\$1,752.16	\$357.45
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,135.33	\$7,931.24	(\$204.10)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,987.34	\$7,826.98	(\$160.36)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,492.52	\$8,494.48	\$1.96
2	MEDICARE	\$5,298.78	\$5,043.47	(\$255.30)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,389.52	\$2,394.99	\$5.48
4	MEDICAID	\$2,138.12	\$2,402.77	\$264.64
5	OTHER MEDICAL ASSISTANCE	\$2,630.76	\$2,382.47	(\$248.29)
6	CHAMPUS / TRICARE	\$20,827.68	\$3,333.55	(\$17,494.12)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,599.19	\$4,209.52	\$610.33
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,539.18	\$4,318.04	(\$221.14)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,781.16	\$6,595.09	(\$186.07)

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$677,969	\$802,123	\$124,154
2	OTHER MEDICAL ASSISTANCE	\$1,506,523	\$946,254	(\$560,269)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$736,675	\$483,383	(\$253,292)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$2,921,167	\$2,231,761	(\$689,407)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$114,452,317	\$121,087,947	\$6,635,630
2	TOTAL GOVERNMENT DEDUCTIONS	\$39,925,414	\$45,831,351	\$5,905,937
3	UNCOMPENSATED CARE	\$3,383,870	\$2,515,418	(\$868,452)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$21,570,720	\$23,219,443	\$1,648,723
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$866,283	\$1,025,987	\$159,704
6	TOTAL ADJUSTMENTS	\$65,746,287	\$72,592,199	\$6,845,912
7	TOTAL ACCRUED PAYMENTS	\$48,706,030	\$48,495,748	(\$210,282)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$185,269	\$251,652	\$66,383
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$48,891,299	\$48,747,400	(\$143,899)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4271761401	0.4025784664	(0.0245976737)
11	COST OF UNCOMPENSATED CARE	\$1,445,509	\$1,012,653	(\$432,855)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$1,382,077	\$1,337,514	(\$44,563)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$2,827,586	\$2,350,167	(\$477,419)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	46.94%	43.49%	-3.45%
2	MEDICARE	48.96%	46.10%	-2.87%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29.09%	34.55%	5.46%
4	MEDICAID	27.94%	37.25%	9.31%
5	OTHER MEDICAL ASSISTANCE	29.89%	32.38%	2.49%
6	CHAMPUS / TRICARE	99.56%	83.12%	-16.44%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9.85%	8.94%	-0.91%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	47.25%	44.71%	-2.54%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	47.15%	44.37%	-2.79%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.49%	49.42%	-1.07%
2	MEDICARE	25.78%	23.66%	-2.13%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.37%	21.02%	-1.35%
4	MEDICAID	23.38%	25.87%	2.50%
5	OTHER MEDICAL ASSISTANCE	21.65%	16.11%	-5.54%
6	CHAMPUS / TRICARE	44.49%	41.11%	-3.38%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	30.45%	26.42%	-4.03%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	25.29%	23.25%	-2.04%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	39.18%	37.01%	-2.16%

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$48,706,028	\$48,495,749	(\$210,279)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$185,269	\$251,652	\$66,383
	OHCA DEFINED NET REVENUE	\$48,891,297	\$48,747,401	(\$143,896)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,961,992	\$1,748,130	(\$1,213,862)
4	CALCULATED NET REVENUE	\$51,853,289	\$50,495,531	(\$1,357,758)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$51,853,289	\$50,495,530	(\$1,357,759)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$1	\$1
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$114,452,317	\$121,087,947	\$6,635,630
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$114,452,317	\$121,087,947	\$6,635,630
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$114,452,317	\$121,087,948	\$6,635,631
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$1)	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,383,870	\$2,515,418	(\$868,452)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,383,870	\$2,515,418	(\$868,452)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,383,870	\$2,515,418	(\$868,452)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,888,946
2	MEDICARE	31,529,133
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,529,001
4	MEDICAID	2,015,194
5	OTHER MEDICAL ASSISTANCE	2,513,807
6	CHAMPUS / TRICARE	56,762
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,035,642
	TOTAL INPATIENT GOVERNMENT CHARGES	\$36,114,896
	TOTAL INPATIENT CHARGES	\$50,003,842
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$37,387,778
2	MEDICARE	28,028,963
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,608,950
4	MEDICAID	2,820,836
5	OTHER MEDICAL ASSISTANCE	2,788,114
6	CHAMPUS / TRICARE	58,414
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,361,759
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$33,696,327
	TOTAL OUTPATIENT CHARGES	\$71,084,105
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$51,276,724
2	TOTAL GOVERNMENT ACCRUED CHARGES	69,811,223
	TOTAL ACCRUED CHARGES	\$121,087,947
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,039,862
2	MEDICARE	14,533,658
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,564,743
4	MEDICAID	750,725
5	OTHER MEDICAL ASSISTANCE	814,018
6	CHAMPUS / TRICARE	47,179
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	92,627
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$16,145,580
	TOTAL INPATIENT PAYMENTS	\$22,185,442
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,476,015
2	MEDICARE	6,631,214
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,179,064
4	MEDICAID	729,848
5	OTHER MEDICAL ASSISTANCE	449,216
6	CHAMPUS / TRICARE	24,014
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	623,982
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$7,834,292
	TOTAL OUTPATIENT PAYMENTS	\$26,310,307
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$24,515,877
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	23,979,872
	TOTAL ACCRUED PAYMENTS	\$48,495,749

ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	808
2	MEDICARE	1,479
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	387
4	MEDICAID	217
5	OTHER MEDICAL ASSISTANCE	170
6	CHAMPUS / TRICARE	7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	65
	TOTAL GOVERNMENT DISCHARGES	1,873
	TOTAL DISCHARGES	2,681
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.98860
2	MEDICARE	1.14830
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.85927
4	MEDICAID	0.85470
5	OTHER MEDICAL ASSISTANCE	0.86510
6	CHAMPUS / TRICARE	0.68890
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.81330
	TOTAL GOVERNMENT CASE MIX INDEX	1.08686
	TOTAL CASE MIX INDEX	1.05725
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,276,724
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$28,057,281
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$23,219,443
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.28%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,806,458
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,025,987
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$251,652
8	CHARITY CARE	\$767,288
9	BAD DEBTS	\$1,748,130
10	TOTAL UNCOMPENSATED CARE	\$2,515,418
11	TOTAL OTHER OPERATING REVENUE	\$530,398
12	TOTAL OPERATING EXPENSES	\$48,108,598

ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$48,495,749
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$251,652
	OHCA DEFINED NET REVENUE	\$48,747,401
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$1,748,130
	CALCULATED NET REVENUE	\$50,495,531
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$50,495,530
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$121,087,947
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$121,087,947
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$121,087,948
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,515,418
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,515,418
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$2,515,418
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	70	103	33	47%
2	Number of Approved Applicants	61	100	39	64%
3	Total Charges (A)	\$430,330	\$767,288	\$336,958	78%
4	Average Charges	\$7,055	\$7,673	\$618	9%
5	Ratio of Cost to Charges (RCC)	0.474964	0.432045	(0.042919)	-9%
6	Total Cost	\$204,391	\$331,503	\$127,112	62%
7	Average Cost	\$3,351	\$3,315	(\$36)	-1%
8	Charity Care - Inpatient Charges	\$195,295	\$438,193	\$242,898	124%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	177,460	195,123	17,663	10%
10	Charity Care - Emergency Department Charges	57,575	133,972	76,397	133%
11	Total Charges (A)	\$430,330	\$767,288	\$336,958	78%
12	Charity Care - Number of Patient Days	58	152	94	162%
13	Charity Care - Number of Discharges	23	45	22	96%
14	Charity Care - Number of Outpatient ED Visits	147	224	77	52%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	199	281	82	41%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$800,628	\$312,692	(\$487,936)	-61%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,073,676	710,973	(362,703)	-34%
3	Bad Debts - Emergency Department	1,079,236	724,465	(354,771)	-33%
4	Total Bad Debts (A)	\$2,953,540	\$1,748,130	(\$1,205,410)	-41%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$430,330	\$767,288	\$336,958	78%
2	Bad Debts (A)	2,953,540	1,748,130	(1,205,410)	-41%
3	Total Uncompensated Care (A)	\$3,383,870	\$2,515,418	(\$868,452)	-26%
4	Uncompensated Care - Inpatient Services	\$995,923	\$750,885	(\$245,038)	-25%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,251,136	906,096	(345,040)	-28%
6	Uncompensated Care - Emergency Department	1,136,811	858,437	(278,374)	-24%
7	Total Uncompensated Care (A)	\$3,383,870	\$2,515,418	(\$868,452)	-26%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,					
ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$51,095,456	\$51,276,724	\$181,268	0%
2	Total Contractual Allowances	\$21,570,720	\$23,219,443	\$1,648,723	8%
	Total Accrued Payments (A)	\$29,524,736	\$28,057,281	(\$1,467,455)	-5%
	Total Discount Percentage	42.22%	45.28%	3.07%	7%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$48,163,751	\$48,499,962	\$50,003,842
2	Outpatient Gross Revenue	\$65,318,006	\$65,952,355	\$71,084,105
3	Total Gross Patient Revenue	\$113,481,757	\$114,452,317	\$121,087,947
4	Net Patient Revenue	\$54,645,472	\$51,853,289	\$50,495,530
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$53,643,999	\$49,683,361	\$48,108,598
C. <u>Utilization Statistics</u>				
1	Patient Days	11,806	11,466	11,622
2	Discharges	2,834	2,658	2,681
3	Average Length of Stay	4.2	4.3	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	27,817	27,058	28,144
0	Equivalent (Adjusted) Discharges (ED)	6,677	6,272	6,492
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.06308	1.07718	1.05725
2	Case Mix Adjusted Patient Days (CMAPD)	12,551	12,351	12,287
3	Case Mix Adjusted Discharges (CMAD)	3,013	2,863	2,834
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	29,571	29,146	29,755
5	Case Mix Adjusted Equivalent Discharges (CMAED)	7,099	6,757	6,864
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$9,612	\$9,982	\$10,419
2	Total Gross Revenue per Discharge	\$40,043	\$43,060	\$45,165
3	Total Gross Revenue per EPD	\$4,080	\$4,230	\$4,303
4	Total Gross Revenue per ED	\$16,995	\$18,247	\$18,651
5	Total Gross Revenue per CMAEPD	\$3,838	\$3,927	\$4,070
6	Total Gross Revenue per CMAED	\$15,987	\$16,939	\$17,641
7	Inpatient Gross Revenue per EPD	\$1,731	\$1,792	\$1,777
8	Inpatient Gross Revenue per ED	\$7,213	\$7,732	\$7,702

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,629	\$4,522	\$4,345
2	Net Patient Revenue per Discharge	\$19,282	\$19,508	\$18,835
3	Net Patient Revenue per EPD	\$1,964	\$1,916	\$1,794
4	Net Patient Revenue per ED	\$8,184	\$8,267	\$7,778
5	Net Patient Revenue per CMAEPD	\$1,848	\$1,779	\$1,697
6	Net Patient Revenue per CMAED	\$7,698	\$7,674	\$7,357
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,544	\$4,333	\$4,139
2	Total Operating Expense per Discharge	\$18,929	\$18,692	\$17,944
3	Total Operating Expense per EPD	\$1,928	\$1,836	\$1,709
4	Total Operating Expense per ED	\$8,034	\$7,921	\$7,410
5	Total Operating Expense per CMAEPD	\$1,814	\$1,705	\$1,617
6	Total Operating Expense per CMAED	\$7,557	\$7,353	\$7,009
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$7,074,932	\$6,533,428	\$6,653,099
2	Nursing Fringe Benefits Expense	\$1,675,642	\$1,425,678	\$1,690,804
3	Total Nursing Salary and Fringe Benefits Expense	\$8,750,574	\$7,959,106	\$8,343,903
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$557,887	\$0	\$0
2	Physician Fringe Benefits Expense	\$132,023	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$689,910	\$0	\$0
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$9,366,706	\$9,011,172	\$8,799,573
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$2,217,419	\$1,932,907	\$2,271,298
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$11,584,125	\$10,944,079	\$11,070,871
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$16,999,525	\$15,544,600	\$15,452,672
2	Total Fringe Benefits Expense	\$4,025,084	\$3,358,585	\$3,962,102
3	Total Salary and Fringe Benefits Expense	\$21,024,609	\$18,903,185	\$19,414,774

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	90.0	81.3	93.2
2	Total Physician FTEs	0.0	0.0	0.0
3	Total Non-Nursing, Non-Physician FTEs	193.0	174.0	163.1
4	Total Full Time Equivalent Employees (FTEs)	283.0	255.3	256.3
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$78,610	\$80,362	\$71,385
2	Nursing Fringe Benefits Expense per FTE	\$18,618	\$17,536	\$18,142
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$97,229	\$97,898	\$89,527
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$0	\$0	\$0
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$48,532	\$51,788	\$53,952
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$11,489	\$11,109	\$13,926
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$60,021	\$62,897	\$67,878
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$60,069	\$60,888	\$60,291
2	Total Fringe Benefits Expense per FTE	\$14,223	\$13,155	\$15,459
3	Total Salary and Fringe Benefits Expense per FTE	\$74,292	\$74,043	\$75,750
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,781	\$1,649	\$1,671
2	Total Salary and Fringe Benefits Expense per Discharge	\$7,419	\$7,112	\$7,242
3	Total Salary and Fringe Benefits Expense per EPD	\$756	\$699	\$690
4	Total Salary and Fringe Benefits Expense per ED	\$3,149	\$3,014	\$2,990
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$711	\$649	\$652
6	Total Salary and Fringe Benefits Expense per CMAED	\$2,962	\$2,798	\$2,829